



Review Article

A CLASSICAL REVIEW ON ARSHA (HAEMORRHOIDS/PILES): CURRENT TREATMENT STRATEGIES AND FUTURE PROSPECTS

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ABSTRACT

Arsha (Piles) is an extremely common problem and it has been reported since thousands of years and its prevalence rate is highest among all anorectal disorders. Piles are unique to human beings. Nearly half of the population generally experience one haemorrhoidal episode at some point during their lives. *Arsha* (Haemorrhoids) is clinically an engorged condition of haemorrhoidal venous plexus along with abnormally displaced enlarged anal cushion, characterized by inflamed or prolapsed pile mass, bleeding per rectum and some discharge from anus. The term haemorrhoids is popularly used to refer for pathological varicosity of the haemorrhoidal veins due to increased pressure, is usually resulted by straining during defecation, chronic constipation or diarrhoea, pregnancy etc. In modern medical science, many procedures are described for management of haemorrhoids, of which haemorrhoidectomy is commonly preferred by surgeons, but after sometime of excision there is great possibility of reappearance of the disease. But in *Ayurveda* fourfold management of *Arsha* has been indicated viz. *Bheshaj*, *Kshar Karma*, *Agnikarma* and *Shastra Karma* according to chronicity and presentation of the disease. Among these, *Bheshaj Chikitsa* and *Kshar Karmas* show wonderful results in management of *Arsha*. In this review article an attempt has been made to review the studies carried out on *Arsha* in the department of Shalya Tantra Rishikul Campus, Uttarakhand Ayurved University Haridwar, Uttarakhand.

KEYWORDS: *Arsha*, Haemorrhoids, Pile mass, *Bheshaj Chikitsa*, *Kshar Karma*.

INTRODUCTION

Ayurveda has immense potential to solve many challenging and unsolved problems of the medical world among them *Arsha* is one such grave disease. Haemorrhoids are progressively increasing in the society. It is manifested due to multifold factors viz. disturbed life style or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation etc. which results in derangement of *Jatharagni* leading to vitiation of *Tridosha*, mainly *Vata Dosha*.¹ These vitiated *Doshas* get localized in *Guda Vali* and *Pradhana Dhamani*² which further vitiates *Twak*, *Mansa*, and *Meda Dhatus* due to *Annavaha shrotodushti* leads to development of *Arsha*.³ The fast food and cola culture have again worsened the condition. This disorder is utterly embarrassing to the patient. The perianal skin is one of the most pain sensitive region in the body due to rich nerve endings. Hence even a mild form of disorder can produce great discomfort to the patient.

Arsha is being described by all the classics of *Ayurveda*. *Acharya Sushruta* even placed this disorder in the "*Ashta Mahagada*"⁴ (Eight grave diseases). *Arsha* occurs in *Guda* region, which is undoubtedly a *Marma*, and it is well known for its chronicity and difficult management. This shows the gravity of the disease. Even WHO has declared 20th November of each year as "World Piles Day", which clearly indicates the infiltration of this disease all over the world and tremendous physical and mental sufferings of the mankind as result of this disease.

Etymology and definition of *Arsha* (piles)

Etymology: *Arsha* pertains to a disease occurring in *Guda* and it is torturing to the patients. It may create obstruction of the anorectal passage.⁵

Piles: - This word is derived from the latin word 'pila' which means a 'ball'. Thus a growth in the anus which similar in ball like shape is designated as piles.⁶

Concept of *Guda*⁷ (Anal Canal)

The total length of *Guda* is 4 ½ *Angula* and there are three *Valis* from proximal to distal named as *Pravahini*, *Visarjani*, and *Samvarani*. These are situated above the other inside *Guda* at a distance of 1 ½ *Angula* from each other and all of them obliquely projectile in one *Angula* spiral like conch (*Shankhavartanibha*) and resembling colour of palate of Elephant (*Gajatalu*) as reddish black. *Gudaushtha* (anal verge) is situated a distance of 1 ½ *Yava* from *Romanta* (hairy margin). The first *Vali* is at a distance of one *Angula* from anal verge.

Anatomy of Anal Canal⁸

The anal canal is the terminal part of the large intestine. It is 3.8 cm. long. It extends from the anorectal junction to the anal verge.

Anal canal can be divided in three parts

Upper part (Mucous): It is about 15mm long and extends from anorectal ring to pectinate line. **Middle part (Transitional zone or pecten):** It is situated between pectineline above and white line of Hilton below having length of 15 mm. **Lower part (cutaneous):** It is about 8

mm long and is lined by true skin containing the sweat glands.

Blood Supply

(i) Superior Rectal artery: It supplies blood above pectinate line which is the chief artery of the anal canal.

(ii) Middle rectal artery

(iii) Inferior rectal artery: It supplies blood below the pectinate line.

Venous drainage

1) Internal rectal venous plexus (Haemorrhoidal plexus): It lies in the sub mucosa of the anal canal. The internal plexus is a series of dilated pouches connected by transverse branches around the canal. Veins in the three anal columns, situated at 3, 7, and 11 o'clock site as seen in lithotomy position are large and constitute the potential sites for primary internal piles.

2) External rectal venous plexus

3) Anal veins: These are arranged radially around the anal margin. They communicate with the internal rectal plexus and the inferior rectal veins. Excessive strain during defecation may rupture one of these veins forming the subcutaneous perianal haematoma.

Classification of Arsha (Piles)

There are different opinions of *Acharya* regarding the classification of *Arsha*.

On the basis of the origin⁹

1. *Sahaja* 2. *Janmottarakalaja*

On the basis of the character of bleeding:¹⁰

Ardra (Sravi)-Bleeding piles due to vitiation of *Rakta* and *Pitta Dosha*.

Shushka- Non bleeding piles due to vitiation of *Vata* and *Kapha Dosha*.

On the basis of the predominance of Dosha:¹¹

1. *Vataj* 2. *Pittaj* 3. *Kaphaj* 4. *Raktaj* 5. *Sannipataj* 6. *Sahaj*

On the basis of prognosis¹²

1. *Sadhya* (Curable),

2. *Yapya* (Palliative)

3. *Asadhya* (Incurable)

Sadhya variety: If *Arsha* is located in the *Samvarani vali* and is of single *Doshika* involvement and not very chronic.

Yapya variety: *Arsha* caused by the simultaneous vitiation of any two *Doshas* and the location of *Arsha* in the second *Vali*, the chronicity of the disease is not more than one year.

Asadhya variety: *Sahaja Arsha* and if caused by the vitiation of three *Doshas* and if the *Arsha* is situated in the *Pravahini Vali*, than it is incurable. In addition to this if the patient develops oedema in hands, legs, face, umbilical region, anal region, testicles or if he suffers from pain in the cardiac region, it is also considered as incurable.

Classification according to anatomical position¹³

1. Internal haemorrhoids

It originates above pectinate line and covered with mucous membrane.

2. External haemorrhoids

It originates below pectinate line and covered with skin.

3. Interno-external haemorrhoids:

The above two variety may coexist simultaneously.

1. Primary haemorrhoids

The three classical position of the haemorrhoids are 3, 7, 11 O'clock. They are called as left lateral, right anterior and right posterior respectively. They are due to the main branches of superior rectal arteries i.e. left and right branches. Left branch containing as a single vessel, while the right branch splits into anterior and posterior haemorrhoids.

2. Secondary haemorrhoids

Additional haemorrhoids may be present between these main haemorrhoids at the position of 2, 5, 9 and 12 o'clock position.

The classification according to the Prolapse¹⁴

1st degree haemorrhoids are those which bleed but do not prolapse outside the anal canal.

2nd degree haemorrhoids are those which prolapse outside the anal canal during defecation and reduce spontaneously itself.

3rd degree haemorrhoids are those which prolapse outside the anal canal during defecation and goes back manually.

4th degree haemorrhoids are those which permanently prolapse outside the anal canal.

Nidana of Arsha (Aetiology)

Dietic factors:¹⁵ Dietic indulgence like incompatible diet, excessive or less intake, irregular intake and lacks of fibre etc., which will interfere with digestive power leading to poor digestion and constipation.

Habits:¹⁵ Procedures that would vitiate *Vata Dosha* e.g. excessive sexual indulgence, suppression of natural urges etc.

Pressure or irritation of anal canal:¹⁵ Prolong sitting or standing, improper sitting, horse riding, local touching with hard and rough objects etc., may aggravate the existing pathology.

Anatomical factors:¹⁶ Absence of valves in superior haemorrhoidal veins. The radicals of superior rectal vein lies unsupported in loose submucous connective tissue of the rectum. These are subjected to constriction by the muscular tissue while defecation and it may lead to haemorrhoids.

Chronic constipation:¹⁶ The common reason for haemorrhoids to develop is because of chronic constipation, passing hard stools, and straining at the toilet due to repeated pressure in the rectal or anal veins. It aggravates and precipitates piles.

Exciting factors:¹⁶ Over purgation, diarrhoea, colitis, dysentery, IBS, enteritis, straining due to heavy work, chronic cough etc.

Hereditary:¹⁶ It is often seen in members of the same family, mostly due to congenital weakness of the veins wall, etc.

Secondary Causes¹⁶

Pregnancy

Abdominal tumours

Carcinoma of rectum
Straining during micturition
Portal hypertension

Lakshana (Symptomatology)¹⁷

Vataj: Dry, hard, painful, usually of external origin, various shapes, with irregular surface of various colours of fleshy masses, frequently associated with constipation, and painful defecation which is radiating in nature.

Pittaj: Usually small in size, bluish red in colour, moist fleshy masses of various types, which enlarges during straining with passage of blood mixed with stool, may cause severe burning sensation during defecation which may lead to thirst, faintness and shock.

Kaphaj: Wide based, smooth, oval, fixed, fleshy masses which generally do not bleed or suppurate and accompanied by severe pruritus and mucous discharge.

Raktaja: Fleshy masses which give immense blood loss during defecation, leading to secondary anaemic condition.

Sannipataj: Mixed *Lakshana* of all *Doshas*.

Sahaj: Genetically determined ugly appearance. Patient is mostly immunocompromised.

General Features¹⁸

1) Bleeding: It is the first and earliest symptom. Bright red blood may appear as streaks on toilet paper adhering to faecal residue, or it may be a slow trickle for a short while following bowel movements. It almost always colours the toilet water. The bleeding is painless and occurs with defecation in early stage. In the later stage, a steady dip of blood after defecation. In still later stage, bleeding occurs even without defecation.

2) Prolapse: It is a later symptom. Patients may complain of protruding mass on straining during defecation in anal region. The mass disappears spontaneously, the act is over. In the later stage, prolapsed pile mass have to be replaced digitally into the anal canal. In an advanced condition, the patient may complain of protruding mass in the anal region even without straining. During sneezing, coughing, walking, lifting the weights, passing of flatus, the patient feels discomfort. Ultimately, the patient gets permanently prolapsed pile.

3) Pain: It is not characteristic of haemorrhoids unless there is associated thrombosis or other complications. Pain occurs due to involvement of external haemorrhoidal plexus, over- stretching of skin, congestion or associated acute anal lesion such as fissure in ano or an anal abscess.

4) Mucus discharge: It may be seen in permanently prolapsed haemorrhoids, which softens and excoriates the skin at the anus. This mucous discharge is due to engorged mucous membrane.

5) Pruritus ani: It is caused by mucous discharge in prolapsed haemorrhoids.

6) Anaemia: It is seen in long standing cases of haemorrhoids due to persistent and profuse bleeding. If anaemia is severe, patient may develop exertion, dizziness, pallor, lethargy etc.

Examination of Arsha (Piles)¹⁹

1. Inspection- The second degree haemorrhoids are only visible at the anal verge when the patient strains. While

the third degree piles are readily recognized as a prolapsing mass in the outer part covered with skin, the inner portion with red or purple coloured anal mucosa, and the junction being marked a linear furrow.

2. Palpation: Per rectal examination on the early stages of piles, they are soft and collapsible on quite impressible examination. But with chronicity and repeated attacks of the thrombosis the subcutaneous connective tissue undergoes fibrosis and then the piles are palpable as a soft longitudinal fold to the palpating finger on per rectal examination.

3. Proctoscopy

4. Sigmoidoscopy

5. Colonoscopy

6. Barium enema

Complications²⁰

1. Profuse haemorrhage

2. Strangulation

3. Thrombosis

4. Ulceration

5. Gangrene

6. Suppuration or abscess formation

7. Fibrosis

8. Perianal haematoma

Treatment of Piles at Modern Parlance²¹

The treatment of haemorrhoids can be divided into 3 parts according to their degree and local condition.

1. Medical Treatment

3. Para Surgical Treatment

4. Surgical Treatment

1. Medical Treatment

Here is the list of some prescriptions for symptomatic relief with topical preparations:-

1) Bland, soothing preparations like allantoin, bismuth oxide, bismuth subgallate etc.

2) Anaesthetic preparations like ointment lidocaine etc.

3) Anti-inflammatory agents like Diclofenac sodium in combination with steroids like hydrocortisone.

4) Hot sitz bath.

5) Various laxatives like liquid paraffin, milk of magnesia, sodium picosuphate, and lactulose solution along with bulk forming agents like isabagul are widely used to treat constipation.

To summaries we can say that, no specific treatment is available, rather symptomatic treatment is adopted which contains wide range of antibiotics, NSAIDS, laxatives, haemostatic agents, antihistaminic drugs, steroidal treatment, local anaesthetic applications and local antiseptic lotions and ointments.

Para surgical Methods

1. Injection Treatment (Sclerotherapy)

2. Barron Band Ligation

3. Infra-Red Coagulation

4. Anal Dilatation

5. Cryo Surgery

6. Laser therapy
7. Radio frequency coagulation
8. Ultraoid
9. Bipolar dithermy
10. Doppler guided haemorrhoidal artery ligation

Surgical Treatment

1. Open haemorrhoidectomy
2. Closed haemorrhoidectomy
3. Stapled haemorrhoidectomy

Treatment of Arsha at Ayurvedic Parlance²² (Fourfold management)

1. Bhesaj Chikitsa

- ✓ **Prevention of constipation- Laxative-** *Triphalachurna, Panchsakarchurna, Haritakichurna* etc. depending upon the *Koshtha* of the patient.
- ✓ **Deepan Pachan-** *Chitrakadivati, Lavanbhaskar churna, Agni tundivati*, etc.
- ✓ **Arshoghna-** *Arshoghnavati, Soornapak, Arshkutharras, Shigru guggulu*, etc.
- ✓ **Hot sitz bath-** *Tankan bhasma, Sphaticbhasma, Triphalakwath, Panchawalkalkwath*, etc.
- ✓ **Rakta Stambhak-** *Bolbaddhras, Bolparpati, Kukkutandtwak bhasma, Pravalpisthi* etc.
- ✓ **Vranropak-** *Jatyadi tail, Nirgundi tail*, etc.
- ✓ **Vednahara-** *Madhuyastyadi tail, Triphala guggulu*, etc.

2. Kshar karma

Kshar is a caustic chemical, alkaline in nature obtained from the ashes of medicinal plants. It is a milder procedure compared to *Shastrakarma* and *Agnikarma*.

It is described as one among the *Aanu Shastras* or *Upayantras*. It is the superior most among the sharp and subsidiary instruments because of performing *Chedana*, *Bhedana* and *Lekhana Karma* along with *Tridoshhara* property. It is versatile, because even such places which are difficult in approach by ordinary measures can be treated by *Kshar karma*. *Ksharkarma* is more effective than the other modalities of treatment, because they can be administered both internally and externally. *Kshar karma* is useful as the substitutes of surgical instruments, because they can be used safely on the patients who are afraid of surgery. The *Arsha* which are soft, extensive, deeply situated, projectile are treated by *Kshar*. *Pittaja* and *Raktaja* varieties should be treated by *Mrudu Kshar*.

Kshar Sutra Ligation

It is a Parasurgical measure which excises the pile mass gradually by the virtue of mechanical action and chemical cauterization. *Acharya Sushrutahas* advocated *Kshar Sutra* in the management of *Nadivrana* and *Bhagandara*. But regarding the method of preparation of *Kshar Sutra*, *Acharya Chakrapani* in his treatise *Chakradutta*, gave a brief description for management of *Arsha*, using the latex of *Snuhi* and *Haridra* powder.

3. Agni Karma

It is an important Para surgical method and is still used extensively in surgical practice in modified form by way of electric heat cautery and freezing. Direct treatment of any lesion by *Agnikarma* is regarded superior than other

surgical and parasurgical measure because of its capacity to destroy the diseased tissues completely and its wide applicability even of lesions incurable by other measure.

Agnikarma is indicated in rough, fixed, broad and hard types of masses and mainly in *Vataj* and *Kaphaj Arsha*. Those patients suffering from prolapsed and third degree piles can be treated with *Agni*. *Agni karma* is contraindicated in *Raktaj* and *Pittaj* type of *Arsha*.

4. Shastra karma

Shastrakarma is indicated in pedunculated, big, and discharging *Arshas*.

The preoperative measures should be well taken. The *Chedana Karma* of *Arsha* should be done with the help of sharp instruments like *Mandalagra*, *Karapatra*, *Nakhashstra*, *Mudrika*, *Utpalapatra* and *Ardhadhara* in shape of semilunar incision. After *Chedana Karma*, if needed, *Agnikarma* should be immediately applied in case of any remnant or to arrest the active bleeding or secondary oozing of the blood vessels. The procedure of *Kavalika* placement followed by the *Gophana Bandha* should be performed. This whole procedure seems like conventional open haemorrhoidectomy or to say the ligation and excision procedure performed in recent times.

Apathya in Arsha²³

Diet: Heavy food, *Vishtambhi*, *Vidahidravya* like Chilies, Spices, food stuffs made of rice, fried food, *Maida* product, excessive intake of oils, Non vegetarian foods Curd, etc.

Habits: Lack of exercise, sleep in day time, Constant sitting on hard objects, Excessive riding, straining during defecation etc.

Pathya in Arsha²⁴

Diet: Milk, *Takra (Mattha)*, wheat, Cow ghee, Green vegetable etc.

Habits: Regular diet, exercise, proper sleep, etc.

CONCLUSION

Arsha is a problem related to life style, age, occupation and dietary factors. It is a very terrible condition, patient is afraid of defecation because of pain with bleeding per rectum. Moreover, patient becomes very anxious after observing pan full of blood. Thus, *Ayurveda* definitely has immense potential to manage all stages of *Arsha* successfully without any complications.

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